

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼**Example: If typing, type  
over the lines

Graves for Congress

ADDRESS (number and street)  
▼

2345 Grand, Suite 2400

☐Check if different  
than previously  
reported. (ACC)

Kansas City

MO

64108

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00359034

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

MO

6

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jean Paul Bradshaw

Signature of Treasurer

Electronically Filed by Jean Paul Bradshaw

Date

09

22

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)



# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	70574.50	662544.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	70574.50	662544.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	118272.23	501929.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	46.10	133116.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	118226.13	368813.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	358534.70	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2644.65	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Graves for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

48675.00

303930.00

(ii) Unitemized.....

11399.50

36776.50

(iii) TOTAL of contributions

60074.50

340706.50

from individuals..... ►

0.00

963.00

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

10500.00

320875.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS  
(other than loans)

70574.50

662544.50

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

46.10

133116.53

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

1993.70

2109.66

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ►

72614.30

797770.69



# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	118272.23	501929.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1000.00	60315.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	119272.23	562244.74

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	405192.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	72614.30
25. SUBTOTAL (add Line 23 and Line 24).....	477806.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	119272.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	358534.70



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lowell C. Kruse

Mailing Address 7300 SE 75th Rd.

City State Zip Code  
Saint Joseph MO 64507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Health

Occupation  
Hospital Admin.

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6938

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

William P. Jackson

Mailing Address P. O. Box 38

City State Zip Code  
Brunswick MO 65236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agriservices of Brunswick

Occupation  
General Manager

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7137

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mary M. Hackett

Mailing Address 902 Park

City State Zip Code  
Tarkio MO 64491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Banking-Investments

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7114

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Charlee M. Garst

Mailing Address 610 East Cass Street

City State Zip Code  
 Rock Port MO 64482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60802.C7081

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

R. Dan Boulware

Mailing Address 27 Court Lane

City State Zip Code  
 Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Watkins, Boulware

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6932

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

David Bradley

Mailing Address 2916 Frederick Ave

City State Zip Code  
 Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
News Press Gazette

Occupation  
owner

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6971

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Donna M. Turk Mailing Address 2912 Frederick Ave. City Saint Joseph State MO Zip Code 64506-2904 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Little Ceasars Pizza Aarons Re Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation owner Election Cycle-to-Date ▼ 1654.57		Date of Receipt MM / DD / YYYY 01 / 31 / 2006 <b>Transaction ID:</b> 60802.C6902 Amount of Each Receipt this Period 1612.57 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Food for Event
<b>B.</b> Full Name (Last, First, Middle Initial) Donna M. Turk Mailing Address 2912 Frederick Ave. City Saint Joseph State MO Zip Code 64506-2904 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Little Ceasars Pizza Aarons Re Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation owner Election Cycle-to-Date ▼ 1874.00		Date of Receipt MM / DD / YYYY 01 / 31 / 2006 <b>Transaction ID:</b> 60802.C6895 Amount of Each Receipt this Period 219.43 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Donna M. Turk Mailing Address 2912 Frederick Ave. City Saint Joseph State MO Zip Code 64506-2904 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Little Ceasars Pizza Aarons Re Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation owner Election Cycle-to-Date ▼ 1974.00		Date of Receipt MM / DD / YYYY 01 / 31 / 2006 <b>Transaction ID:</b> 60802.C6904 Amount of Each Receipt this Period 100.00 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Refreshments for Event

**SUBTOTAL** of Receipts This Page (optional) .....

1932.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donna M. Turk  
Mailing Address 2912 Frederick Ave.

City State Zip Code  
Saint Joseph MO 64506-2904

FEC ID number of contributing federal political committee.

C

Name of Employer  
Little Ceasars Pizza Aarons ReOccupation  
owner

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2042.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6903

Amount of Each Receipt this Period

68.00

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Transportation for Event

**B.** Full Name (Last, First, Middle Initial)  
Dirck Clark  
Mailing Address 14306 Riverview Drive

City State Zip Code  
Savannah MO 64485

FEC ID number of contributing federal political committee.

C

Name of Employer  
Heartland HealthOccupation  
Hospital Administration

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6933

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jimmie D. Carter  
Mailing Address 3301 N. Belt Hwy.  
3302 E. Devonshire

City State Zip Code  
Saint Joseph MO 64506

FEC ID number of contributing federal political committee.

C

Name of Employer  
Camolaur, Inc.Occupation  
President

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6978

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1568.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Stephen McBee

Mailing Address 409 N. Wooden Avenue

City State Zip Code  
 Braymer MO 64624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60802.C7053

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Thomas L. Brown

Mailing Address 1306 NW 47th Street

City State Zip Code  
 Kansas City MO 64116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hays Group LLC

Occupation  
Insurance Broker

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C7213

Amount of Each Receipt this Period

450.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Thomas L. Brown

Mailing Address 1306 NW 47th Street

City State Zip Code  
 Kansas City MO 64116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hays Group LLC

Occupation  
Insurance Broker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6875

Amount of Each Receipt this Period

50.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

John Elliott

Mailing Address P. O. Box 328

City State Zip Code  
 Smithville MO 64089

FEC ID number of contributing federal political committee.

C

Name of Employer  
Inside SolutionsOccupation  
Marketing

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6881

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Michael W. Wilson

Mailing Address 1018 NW Clinton County Line Road

City State Zip Code  
 Smithville MO 64089-8215

FEC ID number of contributing federal political committee.

C

Name of Employer  
Secure Pharmacy PlusOccupation  
Pharmacist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7039

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Barry E. Kreek

Mailing Address P. O. Box 468

City State Zip Code  
 Oregon MO 64473

FEC ID number of contributing federal political committee.

C

Name of Employer  
Citizens BankOccupation  
Banker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6913

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Edward M. Stevens

Mailing Address 2104 Crest Terr

City State Zip Code  
 Saint Joseph MO 64506

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7030

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Wes Condon

Mailing Address 1300 SW Skyline Drive

City State Zip Code  
 Blue Springs MO 64015

FEC ID number of contributing federal political committee.

C

Name of Employer  
Bank of Blue SpringsOccupation  
Vice President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 60802.C7186

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Henry H. Bradley

Mailing Address P. O. Box 29

City State Zip Code  
 Saint Joseph MO 64502

FEC ID number of contributing federal political committee.

C

Name of Employer  
News Press GazetteOccupation  
Chairman

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6972

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert E. Loch, Jr.  
Mailing Address 1208 Parkdale Rd.

City State Zip Code  
Maryville MO 64468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loch Sand and Construction  
Co.

Occupation  
CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6916

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert E. Loch, Jr.  
Mailing Address 1208 Parkdale Rd.

City State Zip Code  
Maryville MO 64468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loch Sand and Construction  
Co.

Occupation  
CEO

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6917

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John J. Houlehan, Jr.  
Mailing Address 6917 N.W. 76th Place

City State Zip Code  
Kansas City MO 64152-2279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7004

Amount of Each Receipt this Period

25.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. John J. Houlehan, Jr.

Mailing Address 6917 N.W. 76th Place

City State Zip Code  
 Kansas City MO 64152-2279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 217.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60802.C7089

Amount of Each Receipt this Period

25.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Hal R. Sinclair

Mailing Address 8609 N. Shannon Ave.

City State Zip Code  
 Kansas City MO 64153-1777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phoenix Scientific, Inc.

Occupation  
Veterinary

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7029

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Jewett M. Fulkerson

Mailing Address 73 Fulkerson Circle

City State Zip Code  
 Liberty MO 64068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 175.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6991

Amount of Each Receipt this Period

50.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jewett M. Fulkerson  
Mailing Address 73 Fulkerson Circle

City State Zip Code  
Liberty MO 64068

FEC ID number of contributing federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7112

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
LuAnn Gage  
Mailing Address P.O.Box 55

City State Zip Code  
Stanberry MO 64489

FEC ID number of contributing federal political committee.

C

Name of Employer  
HomemakerOccupation  
Housewife

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 0 6

Transaction ID: 60802.C7080

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lynn Mackle  
Mailing Address 1230 West 57th Street

City State Zip Code  
Kansas City MO 64113

FEC ID number of contributing federal political committee.

C

Name of Employer  
Mackwood, Inc.Occupation  
Investments

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6918

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Charlie Arnot Mailing Address 1500 NE 98th Street City State Zip Code Kansas City MO 64155 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Premium Standard Farms Occupation Vice President Public Affairs Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7045 Amount of Each Receipt this Period 1000.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Tom Broderick Mailing Address 6841 N. Highway 33 City State Zip Code Plattsburg MO 64477 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Farmer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 492.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7184 Amount of Each Receipt this Period 200.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Karen M Graves Mailing Address 12518 Lakeland City State Zip Code Saint Joseph MO 64506 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mack VII Transportation, Inc Occupation Attorney Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C6992 Amount of Each Receipt this Period 200.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....**1400.00****TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Michael A. Merriman

Mailing Address 300 W. 11th

City State Zip Code  
 Kansas City MO 64105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Americo Life Insurance Co.

Occupation  
Executive

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 60802.C7194

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mike A. Baumgartner

Mailing Address 5A Faustiana Place

City State Zip Code  
 Maryville MO 64468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Francis Hospital & Health S

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6874

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mike A. Baumgartner

Mailing Address 5A Faustiana Place

City State Zip Code  
 Maryville MO 64468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Francis Hospital & Health S

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6873

Amount of Each Receipt this Period

400.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Sandy Holley

Mailing Address 704 Center St

City State Zip Code  
 Rock Port MO 64482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacist

Occupation  
Self Employed

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6910

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Don Reynolds

Mailing Address 401 W. Santa Fe

City State Zip Code  
 Marceline MO 64658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Central Missouri Ba-  
nk

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60802.C7099

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Edith Lee

Mailing Address 1300 NW 43rd Ter.

City State Zip Code  
 Kansas City MO 64116-1689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7169

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thea McGaugh  
Mailing Address 3434 Craig Lane

City State Zip Code  
Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7015

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Edward L. Fitzpatrick  
Mailing Address 3002 Miller Road

City State Zip Code  
Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HP Industrial, Inc.

Occupation  
Executive

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6986

Amount of Each Receipt this Period

150.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sallie Hart Potter  
Mailing Address 3697 County Road 136

City State Zip Code  
Bolckow MO 64427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Language Pathologist

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
392.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6941

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

John Wallace

Mailing Address 12631 Lakeland Drive

City State Zip Code  
 Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champion Chrysler-Jeep

Occupation  
Auto Dealer

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7037

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Robert L. Tritt

Mailing Address 4206 North Hickory Lane

City State Zip Code  
 Kansas City MO 64116-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DST Systems, Inc.

Occupation  
Executive

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7176

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Larry Hamann

Mailing Address 512 Macon

City State Zip Code  
 Brookfield MO 64628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6950

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Mack A. Porter

Mailing Address PO Box 1330

City State Zip Code  
 Kearney MO 64060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Porter Lumber

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7170

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Robert Gunderson

Mailing Address 20789 County Rd. 306

City State Zip Code  
 Saint Joseph MO 64505-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phoenix Scientific, Inc.

Occupation  
Vice President, Regulatory Af

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6994

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Frank D. Freudenthal

Mailing Address 2909 Lovers Lane

City State Zip Code  
 Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6909

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Gail Schinze Mailing Address 10791 State Route A City State Zip Code Saint Joseph MO 64507-8013 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Housewife Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7056 Amount of Each Receipt this Period 100.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) John Holton Mailing Address 13900 NW 72nd Street City State Zip Code Kansas City MO 64152 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Mail Solutions CEO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C6999 Amount of Each Receipt this Period 750.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) John Holton Mailing Address 13900 NW 72nd Street City State Zip Code Kansas City MO 64152 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Mail Solutions CEO Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2850.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C6998 Amount of Each Receipt this Period 1350.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

**2200.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. W.E. Clarkson, Jr.

Mailing Address 4133 Gardner Ave

City State Zip Code  
 Kansas City MO 64120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarkson Construction

Occupation  
Vice President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60802.C7069

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Jane Copsey

Mailing Address P.O. Box 112

City State Zip Code  
 Maitland MO 64466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hallway Telephone Co.

Occupation  
owner

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

467.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6949

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Don Munce

Mailing Address 350 NW Lakewood Blvde.

City State Zip Code  
 Lees Summit MO 64064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NRCCOA

Occupation  
President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6922

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2700.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Don Munce		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 350 NW Lakewood Blvde.		<b>Transaction ID:</b> 60802.C6921
City Lees Summit	State MO	Zip Code 64064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer NRCCOA	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert E. Loch III		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 3401 Stanford Ct.		<b>Transaction ID:</b> 60802.C6951
City Saint Joseph	State MO	Zip Code 64506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Loch Sand and Construction Co.	Occupation Vice President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Sam Cook		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 238 Madison		<b>Transaction ID:</b> 60802.C6906
City Jefferson City	State MO	Zip Code 65101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Central Bank	Occupation Banker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 675.00	

**SUBTOTAL** of Receipts This Page (optional) .....

4300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Sandy

Mailing Address 5751 NW JC Penney Dr

City State Zip Code  
 Kidder MO 64649

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Jeweller

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7025

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

James G Robinson

Mailing Address 3404 Stanford Ct

City State Zip Code  
 Saint Joseph MO 64506

FEC ID number of contributing federal political committee.

C

Name of Employer  
Nodaway Valley BankOccupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6942

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Herbert Sutter

Mailing Address 26287 290th St

City State Zip Code  
 Fairfax MO 64446

FEC ID number of contributing federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7031

Amount of Each Receipt this Period

50.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2150.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Herbert Sutter

Mailing Address 26287 290th St

City State Zip Code  
 Fairfax MO 64446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60802.C7103

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

William Corken

Mailing Address 5484 NE Northgate Crossing

City State Zip Code  
 Lees Summit MO 64064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6907

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

John Flournoy

Mailing Address 1135 South Shore

City State Zip Code  
 Kansas City MO 64151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Architect

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7131

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 88

(check only one)

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) David Ackman Mailing Address 215 W. 5th St. City State Zip Code Maryville MO 64468 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dominos Pizza Occupation owner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 495.00			Date of Receipt MM / DD / YYYY 03 / 29 / 2006 <b>Transaction ID:</b> 60802.C7060 Amount of Each Receipt this Period 195.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Brian Peterson Mailing Address 55 SE 75th City State Zip Code Trenton MO 64683 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Farming Occupation Farmer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00			Date of Receipt MM / DD / YYYY 03 / 09 / 2006 <b>Transaction ID:</b> 60802.C6924 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Yvonne Parker Mailing Address 9418 N. Laurel Ave. City State Zip Code Kansas City MO 64157 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Reece and Nichols Occupation Real Estate Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 01 / 31 / 2006 <b>Transaction ID:</b> 60802.C6888 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Douglas Shrout Mailing Address 2801 S 7 Highway City State Zip Code Blue Springs MO 64014 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer City of Blue Springs, Missouri Occupation Mayor Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7046 Amount of Each Receipt this Period 300.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Edward Manning Mailing Address 206 N. Seventh St. City State Zip Code Albany MO 64402 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Attorney Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C6919 Amount of Each Receipt this Period 100.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Nance Mailing Address 314 Concourse City State Zip Code Excelsior Springs MO 64024 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nances Super Occupation owner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60802.C6900 Amount of Each Receipt this Period 700.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Marie Munce Mailing Address 350 NW Lakewood Blvd. City Lees Summit State MO Zip Code 64064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Homemaker Occupation Homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1230.00		Date of Receipt MM / DD / YYYY 03 / 09 / 2006 <b>Transaction ID:</b> 60802.C7214 Amount of Each Receipt this Period 1230.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Marie Munce Mailing Address 350 NW Lakewood Blvd. City Lees Summit State MO Zip Code 64064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Homemaker Occupation Homemaker Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3330.00		Date of Receipt MM / DD / YYYY 03 / 09 / 2006 <b>Transaction ID:</b> 60802.C6923 Amount of Each Receipt this Period 2100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) M.I. McGuire Mailing Address 19100 Fightmaster Rd. City Trimble State MO Zip Code 64492 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 03 / 09 / 2006 <b>Transaction ID:</b> 60802.C7016 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

**3430.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) M.I. McGuire Mailing Address 19100 Fightmaster Rd. City Trimble State MO Zip Code 64492 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		Date of Receipt MM / DD / YYYY 03 / 30 / 2006 <b>Transaction ID:</b> 60802.C7117 Amount of Each Receipt this Period 150.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) David, E. Bahner Mailing Address 3504 Colony Square City Saint Joseph State MO Zip Code 64506 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HEDFC Occupation Consultant Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		Date of Receipt MM / DD / YYYY 03 / 09 / 2006 <b>Transaction ID:</b> 60802.C6965 Amount of Each Receipt this Period 50.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) David, E. Bahner Mailing Address 3504 Colony Square City Saint Joseph State MO Zip Code 64506 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HEDFC Occupation Consultant Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		Date of Receipt MM / DD / YYYY 03 / 09 / 2006 <b>Transaction ID:</b> 60802.C6964 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Ed Wolfe

Mailing Address PO Box 613

City State Zip Code  
 Richmond MO 64085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Self Employed

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6899

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

John D. Josendale

Mailing Address 4613 Manor Dr

City State Zip Code  
 Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WRCA

Occupation  
V.P. Sales

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60802.C7052

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Ben Wierzbicki

Mailing Address 113 Delores St

City State Zip Code  
 Excelsior Springs MO 64024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Insurance Executive

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6897

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Darla Wierzbicki

Mailing Address 113 Delores St

City State Zip Code  
Excelsior Springs MO 64024

FEC ID number of contributing federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6898

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Steve Schram

Mailing Address 3808 Corinth Ct.

City State Zip Code  
Saint Joseph MO 64506

FEC ID number of contributing federal political committee.

C

Name of Employer  
Agri LabsOccupation  
CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6944

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Roland Parker

Mailing Address 412 Old Orchard

City State Zip Code  
Excelsior Springs MO 64024

FEC ID number of contributing federal political committee.

C

Name of Employer  
Excelsior SpringsOccupation  
Mayor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6889

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Zachary Wierzbicki

Mailing Address 113 Delores St

City State Zip Code  
Excelsior Springs MO 64024

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6896

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Roberta Keeton

Mailing Address PO Box 687

City State Zip Code  
Excelsior Springs MO 64024

FEC ID number of contributing federal political committee.

C

Name of Employer Global Tech &amp; Engineering

Occupation Self Employed

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60802.C6901

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Jerryann S. Nellestein

Mailing Address 4750 NE City Line Road

City State Zip Code  
Saint Joseph MO 64505

FEC ID number of contributing federal political committee.

C

Name of Employer Self Employed

Occupation Doctor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C6940

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Wm. Umbarger Mailing Address 29231 S Ave City State Zip Code Fairfax MO 64446 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 03 / 09 / 2006 <b>Transaction ID:</b> 60802.C7036 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Paul Zimmerman Mailing Address 21718 Outer Rd City State Zip Code Rock Port MO 64482 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Self Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt MM / DD / YYYY 03 / 09 / 2006 <b>Transaction ID:</b> 60802.C7042 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Worth Mailing Address 6529 Ridge Rd City State Zip Code Kansas City MO 64152 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Worth Harley-Davidson Occupation CEO Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 03 / 30 / 2006 <b>Transaction ID:</b> 60802.C7157 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		3200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.**

Full Name (Last, First, Middle Initial)

Pauline Keinath

Mailing Address 12342 Creekhaven Dr

City

Saint Louis

State

MO

Zip Code

63131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Housewife

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7166

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

48675.00



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 88

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Farm Credit PAC Mailing Address 50 F Street, N.W., Suite 900 City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C6912 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Bell-South Fed-PAC Mailing Address Federal Relations 1133 21st Street, NW City Washington State DC Zip Code 20036-3351 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7044 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Promoting Republicans You Can Elect Pro. Mailing Address 1155 21st St. NW, Suite 300 City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7199 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 88

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

National Grain & Feed PAC

Mailing Address 1250 Eye St., NW Ste. 1003

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 60802.C7146

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Carpenters Legislative Improvement Comm

Mailing Address 101 Constitution Ave NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 60802.C7180

Amount of Each Receipt this Period

2500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

10500.00



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 88

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 4136 N. Oak Traffic Way City State Zip Code Kansas City MO 64116- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 126.48		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7208 Amount of Each Receipt this Period 10.52 Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 4136 N. Oak Traffic Way City State Zip Code Kansas City MO 64116- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1082.91		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7206 Amount of Each Receipt this Period 956.43 Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 4136 N. Oak Traffic Way City State Zip Code Kansas City MO 64116- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1088.68		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 60802.C7209 Amount of Each Receipt this Period 5.77 Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		972.72
<b>TOTAL</b> This Period (last page this line number only) .....		



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 88

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 4136 N. Oak Traffic Way

City State Zip Code  
Kansas City MO 64116-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2106.26

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60802.C7207

Amount of Each Receipt this Period

1017.58

Interest Received

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 4136 N. Oak Traffic Way

City State Zip Code  
Kansas City MO 64116-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2109.66

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 0 6

Transaction ID: 60802.C7210

Amount of Each Receipt this Period

3.40

Interest Received

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1020.98

**TOTAL** This Period (last page this line number only) .....

1993.70



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 88

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Community Press, Inc.

Mailing Address 1016 N. Washington

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
PRINTING - LETTERHEAD ENVEL ETC.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2315

Date of Disbursement

/   /

Amount of Each Disbursement this Period

463.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PRINTING - LETTERHEAD ENV-  
EL ETC.

Full Name (Last, First, Middle Initial)

**B.** Lathrop & Gage, LLC.

Mailing Address 2345 Grand Blvd

City Kansas City State MO Zip Code 64108-2684

Purpose of Disbursement  
POSTAGE LONG-DISTANCE COPIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2331

Date of Disbursement

/   /

Amount of Each Disbursement this Period

730.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POSTAGE LONG-DISTANCE COP-  
IES

Full Name (Last, First, Middle Initial)

**C.** Bluffs Catering Co

Mailing Address 17644 U.S. Highway 136

City Rock Port State MO Zip Code 64482-

Purpose of Disbursement  
EVENTS CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2310

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2120.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

EVENTS CATERING

**SUBTOTAL** of Disbursements This Page (optional) .....

3313.86

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 88

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City  
Chillicothe

State  
MO

Zip Code  
64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2356

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Nova Information Systems

Mailing Address 7300 Chapman Highway

City  
Knoxville

State  
TN

Zip Code  
37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City  
San Dimas

State  
CA

Zip Code  
91773-

Purpose of Disbursement  
PAYROLL EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2354

Date of Disbursement

/   /

Amount of Each Disbursement this Period

723.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL EXPENSES

**SUBTOTAL** of Disbursements This Page (optional) .....

2783.08

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2363

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2357

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** Nova Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2343

Date of Disbursement

02 / 01 / 2006

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

4530.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City  
Kansas City

State  
MO

Zip Code  
64119-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2361

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City  
San Dimas

State  
CA

Zip Code  
91773-

Purpose of Disbursement  
PAYROLL EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2352

Date of Disbursement

/   /

Amount of Each Disbursement this Period

733.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL EXPENSES

Full Name (Last, First, Middle Initial)

**C.** Donna M. Turk

Mailing Address 2912 Frederick Ave.

City  
Saint Joseph

State  
MO

Zip Code  
64506-2904

Purpose of Disbursement  
REFRESHMENTS FOR EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.C6904IK

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: REFRESHMENTS FOR  
EVENT

**SUBTOTAL** of Disbursements This Page (optional) .....

3333.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Justin Bush

Mailing Address 4610 Roanake Apt. 3S

City Kansas City State MO Zip Code 64112-

Purpose of Disbursement  
FUNDRAISING - PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2323

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FUNDRAISING - PARKING

Full Name (Last, First, Middle Initial)

**B.** Capitol Hill Club

Mailing Address 300 1st Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
FUNDRAISING EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2321

Date of Disbursement

/   /

Amount of Each Disbursement this Period

223.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

**C.** The Ritz Carlton -Key Biscayne

Mailing Address 455 Grand Bay Dr

City Key Biscayne State FL Zip Code 33149-

Purpose of Disbursement  
FUNDRAISER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2313

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20967.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FUNDRAISER

**SUBTOTAL** of Disbursements This Page (optional) .....

21440.61

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Bales & Associates, Inc.

Mailing Address P.O. Box 6424

City State Zip Code  
Lees Summit MO 64064-

Purpose of Disbursement  
INCOME TAX PREPARATION FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2338

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

INCOME TAX PREPARATION FEE

Full Name (Last, First, Middle Initial)

**B.** Federal Express

Mailing Address 1210 Mexico City Ave

City State Zip Code  
Kansas City MO 64153-

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2319

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SHIPPING

Full Name (Last, First, Middle Initial)

**C.** Aristotle International Inc.

Mailing Address 2285 Peachtree Rd., Ste. 210

City State Zip Code  
Atlanta GA 30309-

Purpose of Disbursement  
SOFTWARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2334

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2750.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SOFTWARE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

2980.73

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shughart Thomson and Kilroy, P.C.

Mailing Address 3101 Frederick Ave.

City State Zip Code  
 Saint Joseph MO 64506-

Purpose of Disbursement  
 REIMB FOR SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60802.E2309

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.82

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

REIMB FOR SHIPPING

Full Name (Last, First, Middle Initial)

**B.** Sarah N. Bowles

Mailing Address 10231 N. Cherry Dr.

City State Zip Code  
 Kansas City MO 64155-

Purpose of Disbursement  
 SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60802.E2360

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City State Zip Code  
 San Dimas CA 91773-

Purpose of Disbursement  
 PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60802.E2349

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

2561.82

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City  
San DimasState  
CAZip Code  
91773-Purpose of Disbursement  
PAYROLL EXPENSES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2353

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	6

Amount of Each Disbursement this Period

733.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL EXPENSES

Full Name (Last, First, Middle Initial)

**B. Missouri Dept. of Revenue**

Mailing Address P.O. Box 34744

City  
Kansas CityState  
MOZip Code  
64116-Purpose of Disbursement  
INCOMES TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2337

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Amount of Each Disbursement this Period

89.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

INCOMES TAXES

Full Name (Last, First, Middle Initial)

**C. Society Eleemosynary**

Mailing Address 712 Spring Street

City  
WestonState  
MOZip Code  
64098-Purpose of Disbursement  
PLATTE COUNTY COMMUNITY BALL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2340

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	0	6

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53PLATTE COUNTY COMMUNITY  
BALL

SUBTOTAL of Disbursements This Page (optional) .....

1072.02

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Shawn Graybill		<b>Transaction ID:</b> 60802.E2362 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 4443 NE 83rd Terr		<b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>SALARY</b>
City Kansas City State MO Zip Code 64119-		
Purpose of Disbursement SALARY	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) UMB Visa		<b>Transaction ID:</b> 60802.E2241 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 0 6</div> </div>
Mailing Address 1010 Grand Blvd.		<b>Amount of Each Disbursement this Period</b> <div>199.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CREDIT CARD: SEE BELOW</b>
City Kansas City State MO Zip Code 64106-		
Purpose of Disbursement CREDIT CARD: SEE BELOW	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Plaza Hotel		<b>Transaction ID:</b> 60802.E2244 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 415 McCarty		<b>Amount of Each Disbursement this Period</b> <div>65.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> <b>MEMO: HOTEL EXPENSE</b>
City Jefferson City State MO Zip Code 65101-		
Purpose of Disbursement HOTEL EXPENSE	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2699.52**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Capitol Plaza Hotel**

Mailing Address 415 McCarty

City Jefferson City State MO Zip Code 65101-

Purpose of Disbursement  
HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2243

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: HOTEL EXPENSE

Full Name (Last, First, Middle Initial)

## **B. Capitol Plaza Hotel**

Mailing Address 415 McCarty

City Jefferson City State MO Zip Code 65101-

Purpose of Disbursement  
HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2242

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: HOTEL EXPENSE

Full Name (Last, First, Middle Initial)

## **C. Shawna M. Pauley**

Mailing Address 1126 Elm Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2355

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Mid States Services**

Mailing Address 2626 Oklahoma Ave.

City State Zip Code  
Trenton MO 64683-

Purpose of Disbursement

WEB HOSTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2332

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WEB HOSTING

Full Name (Last, First, Middle Initial)

## **B. Donna M. Turk**

Mailing Address 2912 Frederick Ave.

City State Zip Code  
Saint Joseph MO 64506-2904

Purpose of Disbursement  
TRANSPORTATION FOR EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.C6903IK

Date of Disbursement

/   /

Amount of Each Disbursement this Period

68.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: TRANSPORTATION  
FOR EVENT

Full Name (Last, First, Middle Initial)

## **C. Kurtz Rural Aviation**

Mailing Address 130 Airport Lane

City State Zip Code  
Mound City MO 64470-

Purpose of Disbursement  
TRAVEL - AVIATION FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2328

Date of Disbursement

/   /

Amount of Each Disbursement this Period

575.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL - AVIATION FUEL

**SUBTOTAL** of Disbursements This Page (optional) .....

717.21

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shughart Thomson and Kilroy, P.C.

Mailing Address 3101 Frederick Ave.

City  
Saint Joseph

State  
MO

Zip Code  
64506-

Purpose of Disbursement  
REIMB FOR SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMB FOR SHIPPING

Full Name (Last, First, Middle Initial)

**B.** Keelen Communications

Mailing Address P.O. Box 2776

City  
Arlington

State  
VA

Zip Code  
22202-

Purpose of Disbursement  
CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2324

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CONSULTING

Full Name (Last, First, Middle Initial)

**C.** CM Events

Mailing Address 1077 Fairfax Circle West

City  
Boynton Beach

State  
FL

Zip Code  
33436-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2322

Date of Disbursement

/   /

Amount of Each Disbursement this Period

286.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.61

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2348

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	6

Amount of Each Disbursement this Period

72.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

Full Name (Last, First, Middle Initial)

**B. Sarah N. Bowles**

Mailing Address 10231 N. Cherry Dr.

City Kansas City State MO Zip Code 64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2358

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	6

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C. McLaughlin & Associates**

Mailing Address 919 Prince Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
POLLING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2335

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	6

Amount of Each Disbursement this Period

10900.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POLLING

SUBTOTAL of Disbursements This Page (optional) .....

13472.46

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. AT&T Telephone Company**

Mailing Address P.O. Box 940012

City  
DallasState  
TXZip Code  
75394-Purpose of Disbursement  
OFFICE PHONE EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2306

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	0	6

Amount of Each Disbursement this Period

1474.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

OFFICE PHONE EXPENSE

Full Name (Last, First, Middle Initial)

**B. UMB Visa**

Mailing Address 1010 Grand Blvd.

City  
Kansas CityState  
MOZip Code  
64106-Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2364

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	0	6

Amount of Each Disbursement this Period

0.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

**C. Enterprise Rent-A-Car**

Mailing Address 4103 North Oak Trafficway

City  
Kansas CityState  
MOZip Code  
64116-Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2369

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	5

Amount of Each Disbursement this Period

278.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: CAR RENTAL

SUBTOTAL of Disbursements This Page (optional) .....

1474.88

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2367

Date of Disbursement

12 / 27 / 2005

Amount of Each Disbursement this Period

46.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2365

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

-399.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT AIRFARE

Full Name (Last, First, Middle Initial)

## **C. USPS-Liberty**

Mailing Address 1000 Progress Dr

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2366

Date of Disbursement

12 / 27 / 2005

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Donna M. Turk

Mailing Address 2912 Frederick Ave.

City Saint Joseph State MO Zip Code 64506-2904

Purpose of Disbursement  
FOOD FOR EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.C6902IK

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1612.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: FOOD FOR EVENT

Full Name (Last, First, Middle Initial)

**B.** Kurtz Rural Aviation

Mailing Address 130 Airport Lane

City Mound City State MO Zip Code 64470-

Purpose of Disbursement  
TRAVEL - AVIATION FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2327

Date of Disbursement

/   /

Amount of Each Disbursement this Period

214.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL - AVIATION FUEL

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2347

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

1858.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address 1210 Mexico City Ave

City State Zip Code  
 Kansas City MO 64153-

Purpose of Disbursement  
 SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2318

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.73

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **B. 24 Carrot Creations**

Mailing Address 7820 Highway E

City State Zip Code  
 Edgerton MO 64444-

Purpose of Disbursement  
 EVENTS CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2305

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3450.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

EVENTS CATERING

Full Name (Last, First, Middle Initial)

## **C. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City State Zip Code  
 San Dimas CA 91773-

Purpose of Disbursement  
 PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2351

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

3511.73

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Sarah N. Bowles

Mailing Address 10231 N. Cherry Dr.

City Kansas City State MO Zip Code 64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2359

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	6

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Integram

Mailing Address 8421 Hilltop Road

City Fairfax State VA Zip Code 22031-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2341

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

2090.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

Full Name (Last, First, Middle Initial)

**C.** Community Press, Inc.

Mailing Address 1016 N. Washington

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
PRINTING - LETTERHEAD ENVEL. ETC.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2314

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	6

Amount of Each Disbursement this Period

463.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53PRINTING - LETTERHEAD ENV-  
EL. ETC.

SUBTOTAL of Disbursements This Page (optional) .....

5053.91

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Bistro Biz

Mailing Address 15 E. Street NW

City  
WashingtonState  
DCZip Code  
20001-Purpose of Disbursement  
FUNDRAISING EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2320

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

1908.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

**B.** Community Press, Inc.

Mailing Address 1016 N. Washington

City  
ChillicotheState  
MOZip Code  
64601-Purpose of Disbursement  
PRINTING - LETTERHEAD ENVEL ETC.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2316

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	6

Amount of Each Disbursement this Period

89.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53PRINTING - LETTERHEAD ENV-  
EL ETC.

Full Name (Last, First, Middle Initial)

**C.** UMB Visa

Mailing Address 1010 Grand Blvd.

City  
Kansas CityState  
MOZip Code  
64106-Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2371

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	0	6

Amount of Each Disbursement this Period

718.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

2717.24

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Midwest Express Airline**

Mailing Address 6744 Howell Ave.

City State Zip Code  
Oak Creek WI 53154-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2373

Date of Disbursement

/   /

Amount of Each Disbursement this Period

258.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Sylvester Management**

Mailing Address 7522 Irmo Drive, Ste. 1

City State Zip Code  
Columbia SC 29212-

Purpose of Disbursement  
FEC CONFERENCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2374

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FEC CONFERENCE

Full Name (Last, First, Middle Initial)

## **C. UMB Visa**

Mailing Address 1010 Grand Blvd.

City State Zip Code  
Kansas City MO 64106-

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2380

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2379

Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

29.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

Full Name (Last, First, Middle Initial)

**B.** UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2377

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

29.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

Full Name (Last, First, Middle Initial)

**C.** UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2378

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

7.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2375

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK FEE

Full Name (Last, First, Middle Initial)

**B.** UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2376

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

Full Name (Last, First, Middle Initial)

**C.** Lathrop & Gage, LLC.

Mailing Address 2345 Grand Blvd

City Kansas City State MO Zip Code 64108-2684

Purpose of Disbursement  
POSTAGE LONG-DISTANCE COPIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2330

Date of Disbursement

/   /

Amount of Each Disbursement this Period

259.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POSTAGE LONG-DISTANCE COP-  
IES

**SUBTOTAL** of Disbursements This Page (optional) .....

259.10

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City	State	Zip Code
Kansas City	MO	64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: 60802.E2203

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

6271.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

**B. Oceanaire Seafood Room**

Mailing Address 1201 F Street, NW

City	State	Zip Code
Washington	DC	20004-

Purpose of Disbursement  
FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: 60802.E2205

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	5

Amount of Each Disbursement this Period

5400.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

MEMO: FUNDRAISING EVENT

Full Name (Last, First, Middle Initial)

**C. UMB Visa**

Mailing Address 1010 Grand Blvd.

City	State	Zip Code
Kansas City	MO	64106-

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: 60802.E2207

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

80.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

MEMO: BANK FEES

SUBTOTAL of Disbursements This Page (optional) .....

6271.90

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2206

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK FEES

Full Name (Last, First, Middle Initial)

## **B. Nova Information Systems**

Mailing Address 7300 Chapman Highway

City  
Knoxville

State  
TN

Zip Code  
37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2344

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial)

## **C. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City  
San Dimas

State  
CA

Zip Code  
91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2350

Date of Disbursement

/   /

Amount of Each Disbursement this Period

72.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

102.46

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. Service Center Internal Revenue**

Mailing Address

City  
OgdenState  
UTZip Code  
84201-Purpose of Disbursement  
INCOME TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2336

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

INCOME TAXES

Full Name (Last, First, Middle Initial)

**B. UMB Visa**

Mailing Address 1010 Grand Blvd.

City  
Kansas CityState  
MOZip Code  
64106-Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2267

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	0	6

Amount of Each Disbursement this Period

9023.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

**C. AT&T Telephone Company**

Mailing Address P.O. Box 940012

City  
DallasState  
TXZip Code  
75394-Purpose of Disbursement  
OFFICE PHONE EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2271

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	6

Amount of Each Disbursement this Period

732.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: OFFICE PHONE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

9273.84

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Awards & T-Shirt Specialists, Inc.**

Mailing Address 10400 E 63rd St., Ste A

City Kansas City State MO Zip Code 64133-

Purpose of Disbursement  
CUPES FOR LINCOLN DAYS EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2293

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: CUPES FOR LINCOLN  
DAYS EVENT

Full Name (Last, First, Middle Initial)

## **B. Awards & T-Shirt Specialists, Inc.**

Mailing Address 10400 E 63rd St., Ste A

City Kansas City State MO Zip Code 64133-

Purpose of Disbursement  
CUPS FOR FUDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2277

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: CUPS FOR FUDRAISING  
EVENT

Full Name (Last, First, Middle Initial)

## **C. Berbiglia Wine & Spirit**

Mailing Address 8300 N Church Road

City Kansas City State MO Zip Code 64158-

Purpose of Disbursement  
REFRESHMENTS FOR LINCOLN DAYS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2290

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: REFRESHMENTS FOR LI-  
NCOLN DAYS

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2273

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **B. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2274

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **C. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2269

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2272

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

## **B. Hy-Vee Foods**

Mailing Address 1332 H 152 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2298

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

## **C. Kinkos**

Mailing Address 7201 N. Oak Trafficway

City Kansas City State MO Zip Code 64118-

Purpose of Disbursement  
PRINTING INVITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2285

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: PRINTING INVITATIONS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Kinkos		<b>Transaction ID:</b> 60802.E2291 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 7201 N. Oak Trafficway		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>43.19</div> </div>	
City Kansas City State MO Zip Code 64118-	Purpose of Disbursement PRINITNG INVITATIONS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> MEMO: PRINITNG INVITATIONS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Kinkos		<b>Transaction ID:</b> 60802.E2284 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 7201 N. Oak Trafficway		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.36</div> </div>	
City Kansas City State MO Zip Code 64118-	Purpose of Disbursement PRINTING INVITATIONS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> MEMO: PRINTING INVITATIONS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Marriott Hotels		<b>Transaction ID:</b> 60802.E2304 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 200 W. 12th Street		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>-201.88</div> </div>	
City Kansas City State MO Zip Code 64105-	Purpose of Disbursement CREDIT ON HOTEL ROOM	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> MEMO: CREDIT ON HOTEL ROOM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Marriott Hotels**

Mailing Address 200 W. 12th Street

City Kansas City State MO Zip Code 64105-

Purpose of Disbursement  
HOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2302

Date of Disbursement

/   /

Amount of Each Disbursement this Period

123.82

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: HOTEL ROOM

Full Name (Last, First, Middle Initial)

## **B. Marriott Hotels**

Mailing Address 200 W. 12th Street

City Kansas City State MO Zip Code 64105-

Purpose of Disbursement  
HOTEL ROOM FOR LINCOLN DAYS EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2296

Date of Disbursement

/   /

Amount of Each Disbursement this Period

443.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: HOTEL ROOM FOR LINC-  
OLN DAYS EVENT

Full Name (Last, First, Middle Initial)

## **C. Marriott Hotels**

Mailing Address 200 W. 12th Street

City Kansas City State MO Zip Code 64105-

Purpose of Disbursement  
HOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2303

Date of Disbursement

/   /

Amount of Each Disbursement this Period

110.83

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: HOTEL ROOM

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Mortons of KC**

Mailing Address 2475 Grand Ave

City Kansas City State MO Zip Code 64108-

Purpose of Disbursement  
FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2297

Date of Disbursement

/   /

Amount of Each Disbursement this Period

588.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING EVENT

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2286

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Party America**

Mailing Address 8450 North Church Road

City Kansas City State MO Zip Code 64158-

Purpose of Disbursement  
SUPPLIES FOR FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2288

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SUPPLIES FOR FUNDRA-  
ISING EVENT

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. Party America**

Mailing Address 8450 North Church Road

City Kansas City State MO Zip Code 64158-

Purpose of Disbursement  
SUPPLIES FOR LINCOLN DAYS EVENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2292

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	6

Amount of Each Disbursement this Period

16.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: SUPPLIES FOR LINCOLN  
DAYS EVENT

Full Name (Last, First, Middle Initial)

**B. Party America**

Mailing Address 8450 North Church Road

City Kansas City State MO Zip Code 64158-

Purpose of Disbursement  
SUPPLIES FOR FUNRAISER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2275

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	0	6

Amount of Each Disbursement this Period

143.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: SUPPLIES FOR FUNRAI-  
SER

Full Name (Last, First, Middle Initial)

**C. Party America**

Mailing Address 8450 North Church Road

City Kansas City State MO Zip Code 64158-

Purpose of Disbursement  
SUPPLIES FOR FUNDRAISING EVENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2279

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	0	6

Amount of Each Disbursement this Period

76.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: SUPPLIES FOR FUNDRA-  
ISING EVENT

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Party America**

Mailing Address 8450 North Church Road

City Kansas City State MO Zip Code 64158-

Purpose of Disbursement  
SUPPLIES FOR FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2276

Date of Disbursement

01 / 17 / 2006

Amount of Each Disbursement this Period

51.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: SUPPLIES FOR FUNDRAISING EVENT

Full Name (Last, First, Middle Initial)

## **B. Soli Printing**

Mailing Address 2012 Swift

City Kansas City State MO Zip Code 64116-

Purpose of Disbursement  
PRINTING OF EVENTS AND REPLY CARDS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2283

Date of Disbursement

01 / 19 / 2006

Amount of Each Disbursement this Period

203.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: PRINTING OF EVENTS AND REPLY CARDS

Full Name (Last, First, Middle Initial)

## **C. Soli Printing**

Mailing Address 2012 Swift

City Kansas City State MO Zip Code 64116-

Purpose of Disbursement  
LETTER HEAD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2300

Date of Disbursement

02 / 03 / 2006

Amount of Each Disbursement this Period

149.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: LETTER HEAD

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. USPS-Liberty**

Mailing Address 1000 Progress Dr

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2270

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

## **B. USPS-NKC**

Mailing Address 820 Armour Rd

City State Zip Code  
 Kansas City MO 64116-

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2287

Date of Disbursement

/   /

Amount of Each Disbursement this Period

195.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

## **C. Wal-Mart**

Mailing Address 8301 N. Church Rd.

City State Zip Code  
 Kansas City MO 64158-

Purpose of Disbursement  
 REFRESHMENTS FOR LINCOLN DAYS EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2295

Date of Disbursement

/   /

Amount of Each Disbursement this Period

153.97

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: REFRESHMENTS FOR LI-  
 NCOLN DAYS EVENT

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City  
San Dimas

State  
CA

Zip Code  
91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2346

Date of Disbursement

/   /

Amount of Each Disbursement this Period

89.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

Full Name (Last, First, Middle Initial)

## **B. UMB Visa**

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

682.19

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. Bullfeathers of Captial Hill**

Mailing Address 410 1st St SE 1

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
LUNCH W/ CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2261

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: LUNCH W/ CONSTITUENT

**SUBTOTAL** of Disbursements This Page (optional) .....

771.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Bullfeathers of Captial Hill**

Mailing Address 410 1st St SE 1

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
DINNER W/ CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2262

Date of Disbursement

/   /

Amount of Each Disbursement this Period

94.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: DINNER W/ CONSTITUE-  
NT

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Club**

Mailing Address 300 1st Street, S.E.

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2260

Date of Disbursement

/   /

Amount of Each Disbursement this Period

631.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING EVENT

Full Name (Last, First, Middle Initial)

## **C. Congressional Institutional Institute**

Mailing Address 316 Pennsylvania Ave., SE #403

City  
Washington

State  
DC

Zip Code  
20002-

Purpose of Disbursement  
REFUND ON HOUSE CONRESSIONAL RETREA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2265

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-471.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: REFUND ON HOUSE CON-  
RESSIONAL RETREA

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City  
San Dimas

State  
CA

Zip Code  
91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2345

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

Full Name (Last, First, Middle Initial)

## **B. Splendid Fare**

Mailing Address 1310 Braddock Place

City  
Alexandria

State  
VA

Zip Code  
22314-

Purpose of Disbursement  
FUNDRAISING EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2339

Date of Disbursement

/   /

Amount of Each Disbursement this Period

763.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

## **C. Shughart Thomson and Kilroy, P.C.**

Mailing Address 3101 Frederick Ave.

City  
Saint Joseph

State  
MO

Zip Code  
64506-

Purpose of Disbursement  
REIMB FOR SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2308

Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMB FOR SHIPPING

**SUBTOTAL** of Disbursements This Page (optional) .....

854.61

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2245

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1745.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Club**

Mailing Address 300 1st Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
FUNDRAISER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2248

Date of Disbursement

/   /

Amount of Each Disbursement this Period

223.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISER

Full Name (Last, First, Middle Initial)

## **C. Congressional Institutional Institute**

Mailing Address 316 Pennsylvania Ave., SE #403

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
HOUSE CONGRESSIONAL RETREAT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2255

Date of Disbursement

/   /

Amount of Each Disbursement this Period

943.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: HOUSE CONGRESSIONAL  
RETREAT

**SUBTOTAL** of Disbursements This Page (optional) .....

1745.41

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** DAgge Florist

Mailing Address 18 East Franklin

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 FUNDRAISING GIFT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2252

Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.68

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING GIFT

Full Name (Last, First, Middle Initial)

**B.** Dubliner Restaurant

Mailing Address 520 N Capitol St, NW

City State Zip Code  
 Washington DC 20001-

Purpose of Disbursement  
 ENTERTAIN CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2246

Date of Disbursement

/   /

Amount of Each Disbursement this Period

154.79

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: ENTERTAIN CONSTITUTE-  
 NT

Full Name (Last, First, Middle Initial)

**C.** Travel Tyne

Mailing Address 1904 Clay Street

City State Zip Code  
 Chillicothe MO 64601-

Purpose of Disbursement  
 AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2250

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2249

Date of Disbursement

12 / 10 / 2005

Amount of Each Disbursement this Period

130.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. U.S. House of Representatives**

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20515-

Purpose of Disbursement  
CONSTITUENT GIFT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2251

Date of Disbursement

12 / 16 / 2005

Amount of Each Disbursement this Period

76.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CONSTITUENT GIFT

Full Name (Last, First, Middle Initial)

## **C. Axiom Strategies LLC**

Mailing Address 1104 Wellington Way

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2311

Date of Disbursement

01 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. The Lukens Company**

Mailing Address 2800 Shirlington Road

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2312

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1893.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

Full Name (Last, First, Middle Initial)

## **B. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2208

Date of Disbursement

/   /

Amount of Each Disbursement this Period

571.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. Bullfeathers of Captial Hill**

Mailing Address 410 1st St SE 1

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
LUNCH W/ CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2210

Date of Disbursement

/   /

Amount of Each Disbursement this Period

154.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: LUNCH W/ CONSTITUENT

**SUBTOTAL** of Disbursements This Page (optional) .....

2465.26

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2215

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK FEE

Full Name (Last, First, Middle Initial)

## **B. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2214

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK FEE

Full Name (Last, First, Middle Initial)

## **C. US House Members Dining**

Mailing Address Longworth HOB

City Washington State DC Zip Code 20515-

Purpose of Disbursement  
GIFT FOR CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2213

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: GIFT FOR CONSTITUENT

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City State Zip Code  
Kansas City MO 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2216

Date of Disbursement

/   /

Amount of Each Disbursement this Period

930.47

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **B. Dell Inc.**

Mailing Address One Dell Way

City State Zip Code  
Round Rock TX 78682-

Purpose of Disbursement  
OFFICE COMPUTERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2221

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3348.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE COMPUTERS

Full Name (Last, First, Middle Initial)

## **C. FedEx Kinkos**

Mailing Address 7201 N Oak Traffic Way

City State Zip Code  
Kansas City MO 64118-

Purpose of Disbursement  
SPONORS BOARD FOR FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2228

Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SPONORS BOARD FOR  
FUNDRAISING EVENT

**SUBTOTAL** of Disbursements This Page (optional) .....

930.47

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. FedEx Kinkos**

Mailing Address 7201 N Oak Traffic Way

City Kansas City State MO Zip Code 64118-

Purpose of Disbursement  
INVITES FOR FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2222

Date of Disbursement

02 / 14 / 2006

Amount of Each Disbursement this Period

88.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: INVITES FOR FUNDRAISING EVENT

Full Name (Last, First, Middle Initial)

## **B. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2225

Date of Disbursement

02 / 16 / 2006

Amount of Each Disbursement this Period

23.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **C. Hy-Vee Foods**

Mailing Address 1332 H 152 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
CLEANING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2223

Date of Disbursement

02 / 14 / 2006

Amount of Each Disbursement this Period

37.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Marriott Hotels**

Mailing Address 200 W. 12th Street

City Kansas City State MO Zip Code 64105-

Purpose of Disbursement

HOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2220

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: HOTEL ROOM

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2218

Date of Disbursement

/   /

Amount of Each Disbursement this Period

28.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60802.E2230

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
FUNDRAISING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2226

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. The Homestead**

Mailing Address PO Box 2000

City Hot Springs State VA Zip Code 24445-

Purpose of Disbursement  
ROOM FOR FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2224

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: ROOM FOR FUNDRAISING  
EVENT

Full Name (Last, First, Middle Initial)

## **C. USPS-Liberty**

Mailing Address 1000 Progress Dr

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60802.E2217

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** USPS-NKC

Mailing Address 820 Armour Rd

City Kansas City State MO Zip Code 64116-

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60802.E2219

Date of Disbursement

/   /

Amount of Each Disbursement this Period

117.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

**B.** Keelen Communications

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60802.E2325

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) .....

7200.00

**TOTAL** This Period (last page this line number only) .....

117895.11



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Tom Osborne for Governor

Mailing Address 525 South 13th St

City  
Lincoln

State  
NE

Zip Code  
68503-

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60802.E2329

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00



**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Graves for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Boyles Motors, Inc.Nature of Debt (Purpose):  
Vehicle Lease

Mailing Address 204 N. Market Street

City State ZIP Code  
Maryville MO 64468-

Outstanding Balance Beginning This Period

500.00

Transaction ID: 3LS60802.E42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Kwrt-am/kwrt-fmNature of Debt (Purpose):  
Radio Advertising

Mailing Address 1600 Radio Hill Road

City State ZIP Code  
Boonville MO 65233-

Outstanding Balance Beginning This Period

857.65

Transaction ID: 2LS60802.E45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.65

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Willard DowdenNature of Debt (Purpose):  
Rent for Nodaway Co. Repu-  
bican Com

Mailing Address Route 1, Box 116

City State ZIP Code  
Burlington Junction MO 64428-

Outstanding Balance Beginning This Period

200.00

Transaction ID: 4LS60802.E46

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

**1) SUBTOTALS** This Period This Page (optional).....

1557.65

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 88 / 88

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Graves for Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Missouri Right to Life PAC

Nature of Debt (Purpose):  
Membership Labels

Mailing Address P.O. Box 651

City State ZIP Code  
Jefferson City MO 65102-

Outstanding Balance Beginning This Period

1087.00

Transaction ID: LS60802.E49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1087.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1087.00

2) **TOTALS** This Period (last page this line number only)..... ▶

2644.65

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶